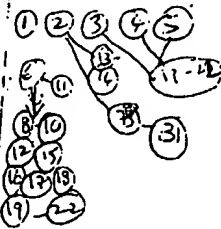


BEST AVAILABLE COPY



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ER	5	9-11-97
R	870	11/23/97
	1710	11/23/97
	21	11/23/97
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INDEX OF CLAIMS

	Cash	Debit	Credit	Total
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Claim	Date
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SYMBOLS

_____	Refused
_____	Allowed
(Through courtesy)	Consented
_____	Resisted
_____	Was asked
_____	Was refused
_____	Appeal
_____	Objection

(LEFT INSIDE)

Form PTO-138A
(Rev. 6/82)

SCAN
QC